

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: BARBARA RYAN  
EPA ID: NCR000153015  
Facility Name: CVS PHARMACY #7090  
Document Group: General (G)  
Document Type: Hazardous Waste Report (HWR)  
Description: 2015 BI-REPORT  
Date of Doc: 3/1/2016  
Author of Doc: DANIEL KAHL

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NCR000153015

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Send completed form to this address:	<div style="text-align: center;"> <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)</b> </div> <div style="text-align: center; font-size: small;">         The Appropriate State or EPA Regional Office       </div> <div style="text-align: right;">  </div>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # ____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	<b>EPA ID Number:</b> NCR000153015		
<b>3. Site Name</b>	<b>Name:</b> CVS PHARMACY #7090		
<b>4. Site Location Information</b>	<b>Street Address:</b> 16035 JOHNSTON RD <b>City, Town, or Village:</b> CHARLOTTE <b>State:</b> NC <b>Country:</b> US <span style="float: right;"><b>County:</b> NC119 <b>Zip Code:</b> 28277</span>		
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site</b> ✓	<b>A.</b> 446110 <b>B.</b> <b>C.</b> <b>D.</b>		
<b>7. Site Mailing Address</b> ✓	<b>Street or P. O. Box:</b> 1 CVS DR, MAIL DROP 23062A <b>City, Town, or Village:</b> WOONSOCKET <b>State:</b> RI <b>Country:</b> US <span style="float: right;"><b>Zip Code:</b> 02895</span>		
<b>8. Site Contact Person</b> ✓	<b>First Name:</b> Nicole <b>MI:</b> <b>Last Name:</b> Wilkinson <b>Title:</b> Sr. Manager, Corporate Environmental <b>Street or P. O. Box:</b> 1 CVS DR, MAIL CODE 2340 <b>City, Town, or Village:</b> WOONSOCKET <b>State:</b> RI <b>Country:</b> US <span style="float: right;"><b>Zip Code:</b> 02895</span> <b>Email:</b> Nicole.Wilkinson@CVSHealth.com <b>Phone:</b> 4017707132 <b>Ext:</b> <b>Fax:</b> 4016521901		
<b>9. Operator and Legal Owner of the Site</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>A. Name of Site's Owner:</b> Bank of America, N.A. &amp; Wachovia Bank, N  <b>Date Became Owner:</b> 07/12/2004  <b>Type:</b> <input checked="" type="checkbox"/> Private    <input type="checkbox"/> County    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Indian    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other  <b>Street or P. O. Box:</b> 1701 E 3RD ST  <b>City, Town, or Village:</b> CHARLOTTE  <b>State:</b> NC                      <b>Country:</b> US  <span style="float: right;"><b>Phone:</b> 7043751000 <b>Zip Code:</b> 28204</span> </div> <div style="padding-top: 5px;"> <b>B. Name of Site's Operator:</b> North Carolina CVS Pharmacy, L.L.C.  <b>Date Became Operator:</b> 08/01/2004  <b>Type:</b> <input checked="" type="checkbox"/> Private    <input type="checkbox"/> County    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Indian    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other       </div>		

EPA ID Number: NCR000153015

**D. Eligible Academic Entities with Laboratories-Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**
- ☐ a. College or University
  - ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
  - ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Wastes**

**A. Waste Codes for Federally Regulated Hazardous Wastes.**

Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001, D007, D009, D010, D024, D026, P001, P075, U002, U035, U058, U122, U129

✓

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.**

Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.